


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25502 (6)
1. Corporation Name
PEACHTREE CASUALTY INSURANCE COMPANY

Principal Place of Business 2889 ELMWOOD DRIVE SMYRNA GA 30080	Mailing Address 2889 ELMWOOD DRIVE SMYRNA GA 30080
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1989	
21		26		4. FEI Number 58-1548761	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DIAL, WILLIAM A., JR.	1.2 NAME	
STREET ADDRESS	2889 ELMWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	TEFFT, DONALD E.	2.2 NAME	
STREET ADDRESS	2889 ELMWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	JOHNSTON, MARIANNE	3.2 NAME	
STREET ADDRESS	2889 ELMWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	YERRAMILLI, JAY	4.2 NAME	
STREET ADDRESS	2889 ELMWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jay Yerramilli

1/15/98 770-436-7575

CR2E034 (10/97)